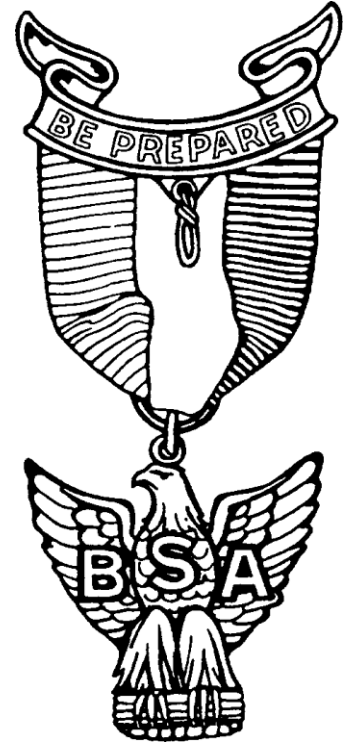


Independent Service Project

(to be approved prior to service project work)

Scout's name _____

Project description _____



Approved by _____ on _____ for _____
(scout leader) (date) (rank/MB)

Project completed _____ total hours on _____
(hours) (date/dates)

Project sponsor _____
(contact person who oversaw scout's work)

Sponsor's signature _____

Sponsor's contact information _____
(email, phone, or address)

Turned in:	Recorded:
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